



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D5332-15**  
**Job Sheet 196815**



**Part No:** D5332-15

**Job Qty:** 7 pcs

**Part Name:** Rib



**Part Weight:** 0 lbs

**Status:** New

**Priority:** Medium

**Job Created:** 6/21/19

**Job Tracking No:**

**Due Date:** 7/5/19

**Created By:** Marie Lajeunesse

**Type:** Stock

**Description:**

**Note:** DWG REV B SHEET 4 IPP REV:A 15.10.14 NEW ISSUE DD VERF:JLM

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation                   | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier      |           | Sign-off          |
|-------|-----------------------------|-------|------------|----------|-----------|---------|--------------------------|-----------|-------------------|
|       |                             |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier    | Lead Time |                   |
| 100   | Large Fab - Welded Assy-1   | 7 pcs | 7/5/19     | 7/5/19   | 0.00      | 1.61    | Large Fab - 1            |           |                   |
|       |                             |       |            |          |           |         | Large Fab - 10           |           |                   |
|       |                             |       |            |          |           |         | Large Fab - 2            |           |                   |
|       |                             |       |            |          |           |         | Large Fab - 3            |           |                   |
|       |                             |       |            |          |           |         | Large Fab - 4            |           |                   |
|       |                             |       |            |          |           |         | Large Fab - 5            |           |                   |
|       |                             |       |            |          |           |         | Large Fab - 6            |           |                   |
|       |                             |       |            |          |           |         | Large Fab - 7            |           |                   |
|       |                             |       |            |          |           |         | Large Fab - 8            |           | MAC               |
|       |                             |       |            |          |           |         | Large Fab - 9            |           |                   |
|       |                             |       |            |          |           |         | Large Fab - 11 (Various) |           |                   |
| 110   | QC 5                        | 7 pcs | 7/5/19     | 7/5/19   | 0.00      | 0.00    | QC 5 - 10                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 12                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 17                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 18                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 19                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 22                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 24                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 3                 |           | DAS<br>43<br>9-89 |
|       |                             |       |            |          |           |         | QC 5 - 43                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 49                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 51                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 58                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 68                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 9                 |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 50                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 30                |           |                   |
|       |                             |       |            |          |           |         | QC 5 - 40                |           |                   |
| 120   | Packaging 3-1 - Stock - B4B | 7 pcs | 7/5/19     | 7/5/19   | 0.00      | 0.00    | Packaging 3 - 1 - B4B    |           |                   |
|       |                             |       |            |          |           |         | Packaging 3 - 2 - B4B    |           |                   |
|       |                             |       |            |          |           |         | Packaging 3 - 3 - B4B    |           |                   |

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|                |       |        |           |                        |      |
|----------------|-------|--------|-----------|------------------------|------|
|                |       |        |           | Packaging 3 - 4 - B4B  |      |
|                |       |        |           | Packaging 3 - 5 - B4B  |      |
|                |       |        |           | Packaging 3 - 6 - B4B  |      |
|                |       |        |           | Packaging 3 - 7 - B4B  |      |
|                |       |        |           | Packaging 3 - 8 - B4B  |      |
|                |       |        |           | Packaging 3 - 9 - B4B  |      |
|                |       |        |           | Packaging 3 - 10 - B4B |      |
|                |       |        |           | Packaging 3 - 11 - B4B |      |
|                |       |        |           | Packaging 3 - 12 - B4B |      |
|                |       |        |           | Packaging 3 - 13 - B4B |      |
|                |       |        |           | Packaging 3 - 14 - B4B |      |
|                |       |        |           | Packaging 3 - 15 - B4B |      |
|                |       |        |           | Packaging 3 - 16 - B4B |      |
|                |       |        |           | Packaging 3 - 17 - B4B |      |
|                |       |        |           | Packaging 3 - 18 - B4B | DAS  |
|                |       |        |           | Packaging 3 - 19 - B4B | 43   |
|                |       |        |           | Packaging 3 - 20 - B4B | 9-09 |
|                |       |        |           | Packaging 3 - 21 - B4B |      |
|                |       |        |           | Packaging 3 - 22 - B4B |      |
|                |       |        |           | Packaging 3 - 23 - B4B |      |
|                |       |        |           | Packaging 3 - 24 - B4B |      |
|                |       |        |           | Packaging 3 - 25 - B4B |      |
|                |       |        |           | Packaging 3 - 26 - B4B |      |
|                |       |        |           | Packaging 3 - 27 - B4B |      |
|                |       |        |           | Packaging 3 - 28 - B4B |      |
|                |       |        |           | Packaging 3 - 29 - B4B |      |
|                |       |        |           | Packaging 3 - 30 - B4B |      |
|                |       |        |           | Packaging 3 - 31 - B4B |      |
|                |       |        |           | Packaging 3 - 32 - B4B |      |
|                |       |        |           | Packaging 3 - 33 - B4B |      |
|                |       |        |           | Packaging 3 - 34 - B4B |      |
|                |       |        |           | Packaging 3 - 35 - B4B | DAS  |
|                |       |        |           | Packaging 3 - 36 - B4B | 21   |
| 130 QC 21 - SA | 7 pcs | 7/5/19 | 0.00 0.00 | QC 21 - SA - 21        | 9-09 |
|                |       |        |           | QC 21 - SA - 70        |      |
|                |       |        |           | QC 21 - SA - 53        |      |

Part Op 100 - Fabricate per Drwg  
 Descriptions: 110 - QC5- Inspect part completeness to step on W/O  
 120 - Identify as per dwg & Stock Location:  
 130 - QC21- Final Inspection - Work Order Release

JUN 21 2019

## Job BOM

| Part / Item      | Component Name | Quantity            | Operation                     | Container |
|------------------|----------------|---------------------|-------------------------------|-----------|
| M304TS0.500W.049 | Square Tubing  | 4.6620 ft (.666 ea) | 100-Large Fab - Welded Assy-1 | 5175885   |

## Job Allocations

| Operation                     | Component Part   | Required | Inventory | Allocated |
|-------------------------------|------------------|----------|-----------|-----------|
| 100-Large Fab - Welded Assy-1 | M304TS0.500W.049 | 5        | 553       | 0         |



Dart Aerospace Ltd.  
 1270 Aberdeen Street  
 Hawkesbury, ON K6A 1K7  
 CANADA  
 TEL.: 1 813 632-5200  
 Email: sales@dartaero.com  
 www.dartaerospace.com

## Part Specifications

found.

Container No: S192525



Part: D5332 - 15

Job No: 196815

Serial No/Batch: S192525

Revision:

Inspector:

Exp Date:

Instructions: Vantage

Date: 06/21/19

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Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                          |  |                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                          |  |                                                                                                 |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>MRB (QSI042)</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |                                                                                                 |  |
| <b>Description Work Order Deviation</b><br><br><div style="border: 1px solid black; height: 250px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                   | <b>Disposition</b><br><br><div style="border: 1px solid black; height: 250px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                          |  |                                                                                                 |  |
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| <b>Root Cause</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Operator <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Presservation <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Human Factors <input type="checkbox"/> </div> <div> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |                                                                                                                                   | <b>FAULT CATEGORY</b><br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Pressure/Forced<br/> <input type="checkbox"/> Bending<br/> <input type="checkbox"/> Crushing<br/> <input type="checkbox"/> Cracks<br/> <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist<br/> <input type="checkbox"/> Marks/Chatter<br/> <input type="checkbox"/> Mislabeled         </div> <div> <input type="checkbox"/> Contamination<br/> <input type="checkbox"/> Misaligned/off center<br/> <input type="checkbox"/> BOM/Route<br/> <input type="checkbox"/> Broken/Damage/Defect<br/> <input type="checkbox"/> Incomplete/Unclear Instructions<br/> <input type="checkbox"/> Drill Holes<br/> <input type="checkbox"/> Fit/Function         </div> <div> <input type="checkbox"/> Power Loss/Surge<br/> <input type="checkbox"/> Folio/Program<br/> <input type="checkbox"/> Grain Direction<br/> <input type="checkbox"/> Weld<br/> <input type="checkbox"/> Wrong Stock Pulled<br/> <input type="checkbox"/> Out of Sequence<br/> <input type="checkbox"/> Off-set/Set-up         </div> <div> <input type="checkbox"/> Positioned Wrong<br/> <input type="checkbox"/> Outside Tolerance<br/> <input type="checkbox"/> Drawing<br/> <input type="checkbox"/> Finish<br/> <input type="checkbox"/> Part Lost/Missing<br/> <input type="checkbox"/> Misread         </div> </div> |  |                                                                                                          |  |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Completed By</b><br><br><div style="border: 1px solid black; height: 50px;"></div>                    |  |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                          |  | <b>Lead hand / Supervisor</b><br><br><div style="border: 1px solid black; height: 50px;"></div> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                          |  |                                                                                                 |  |
| <b>Other/Details:</b><br><br><div style="border: 1px solid black; height: 100px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                          |  |                                                                                                 |  |